SCHEDULE A (FEC Form 3)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 32 / 76
TEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X   11a   11b   11c   11d   15   12   13a   13b   14   15
Any information copied from such Reports and S	Statements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and add	uress or any pondical committee to	Solicit Continuations from Such Committee.
Citizens for Tom Petri			
Full Name (Last, First, Middle Initial)  A. Clifford Mashuda			Date of Receipt
Mailing Address PO Box 16			06 28 2006
City	State Zip Code		
Princeton	WI	54968-0016	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	committee.		Receipt  Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
Name of Employer Mashuda Construction			
Receipt For: 2006			
X Primary General Other (specify) ▼	0 0	500.00	
Full Name (Last, First, Middle Initial)  3. Dr. Stephen Massick			Date of Receipt
Mailing Address 852 Mullen Dr			06 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 60714.C35740
Fond Du Lac	WI	54935-6436	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		100.00
Name of Employer Fond du Lac Clinic	Occupation		Receipt
Receipt For: 2006	Physician C	n Cycle-to-Date ▼	Limit Increased Due to Opponent's Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General	Liection	ycle-to-Date ▼	1
Other (specify) ▼		200.00	
Full Name (Last, First, Middle Initial)  Bill Mauthe	•		Date of Receipt
Mailing Address 101 Camelot Dr			06 15 / Y Y Y Y Y
City	State	Zip Code	Transaction ID: 60714.C35741
Fond du Lac	WI	54935-8048	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		200.00
Name of Employer Self Employed	Occupation Dentist		Receipt  Limit Increased Due to Opponent's
Receipt For: 2006		Sycle-to-Date ▼	Spending (2 U.S.C. 441a(i)/441a-1)
X Primary General Other (specify) ▼	0 0	300.00	
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			